

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 9-876)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*			*	
51			IND.	DEP.
52			IND.	DEP.
53			IND.	DEP.
54			IND.	DEP.
55			IND.	DEP.
56			IND.	DEP.
57			IND.	DEP.
58			IND.	DEP.
59			IND.	DEP.
60			IND.	DEP.
61			IND.	DEP.
62			IND.	DEP.
63			IND.	DEP.
64			IND.	DEP.
65			IND.	DEP.
66			IND.	DEP.
67			IND.	DEP.
68			IND.	DEP.
69			IND.	DEP.
70			IND.	DEP.
71			IND.	DEP.
72			IND.	DEP.
73			IND.	DEP.
74			IND.	DEP.
75			IND.	DEP.
76			IND.	DEP.
77			IND.	DEP.
78			IND.	DEP.
79			IND.	DEP.
80			IND.	DEP.
81			IND.	DEP.
82			IND.	DEP.
83			IND.	DEP.
84			IND.	DEP.
85			IND.	DEP.
86			IND.	DEP.
87			IND.	DEP.
88			IND.	DEP.
89			IND.	DEP.
90			IND.	DEP.
91			IND.	DEP.
92			IND.	DEP.
93			IND.	DEP.
94			IND.	DEP.
95			IND.	DEP.
96			IND.	DEP.
97			IND.	DEP.
98			IND.	DEP.
99			IND.	DEP.
100			IND.	DEP.
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				